Effective December 16, 1991 Effective December 16, 1991												ng	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								_	SMALL E	NTITY	OR	OTHER T	
FOR			NUMBER FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE	
BASIC FEE										\$ 345.00	OR		\$ 690.00
TOTAL CLAIMS			minus 20 =			*			x \$10=		OR	x \$20 =	
INDEPENDENT CLAIMS			minus 3 =			*			x 36 =		OR	x 72 =	
MULTIPLE DEPENDENT CLAIM PRESENT							+ 110 =		OR	+ 220 =			
* If the cifference in column 1 is less then zero, enter "0" in column 2							TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	SMALL E	NTITY	OR	OTHER T		
ENT A	E	CLAI REMAI AFTI AMEND	NING ER		NU PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	(A)	RATE	ADDI- TIONAL FEE
نۋ	Tota' .	. 43	3	Minus	**	45.	=	11	x \$10=	N. ,	OR	x \$20 =	
AMEN	Independent	• /	2	Minus	***	12	= /	11	x 36 =	. 44°	OR OR	x 72=	
	FIRST PRESENTATION OF MULTIPLE D				PEND	ENT CLAIM		11	+ 110 =		OR	+ 220 =	
	(Column 1) (Column 2) (Column 2)					(Column 3)	ΑD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		
AMENDAENT B	F	CLAI REMAI AFTI AMEND	NING ER		NU PRE	SHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* Sf)	Minus	**	45	= /3	11	x \$10 =	1)	OR	x \$20=	330
	Independent	1	7	Minus	***	12	= 5	1[x 36 =	P	OR	×72=	370
Q	FIRST PRESENTATION OF MULTIPL				E DEPENDENT CLAIM				+ 110 =	/	OR	+ 220 =	
(Column 1) (Column 2) (Column 3)							(Column 3)	A	TOTAL DDIT. FEE		OR Al	TOTAL DDIT. FEE	
AMENDMENT C	0	CLAI REMAI AFTI AMEND	NING ER		NU PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	11	x \$10 =		OR	x \$20 =	
ME	Independent	*		Minus	***		=	11	x 36 =		OR OR	x 72 =	
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							11	+ 110 =		OR	+ 220 =	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE											OR	TOTAL DDIT. FEE	
*** If th	ne "Highest Nun	nber Previ	ously Pa	aid For IN TH	IS SPA	CE is less tha			,	ppropriate b			

Application or Docket Number